

In re Application of:

FRED C. WEXLER, ET AL.

Application No.: 09/965,834

Filed: October 1, 2001

For: CHANGEABLE COLOR SHAVING AID

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Docket No. 00845.016500.1

Examiner: Maurina T. Rachuba

Group Art Unit: 3724

Date: December 18, 2002

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on DECEMBER 18, 2002
(Date of Deposit)

WILLIAM J. BRUNET (REG. NO. 20,452)

(Name of Attorney for Applicant)

William J. Brunet
Signature

12/18/02
Date of Signature

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

TECHNOLOGY CENTER R3709

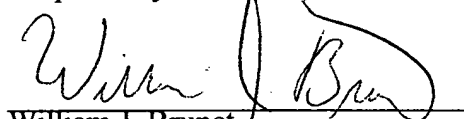
CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 4	MINUS	** 20	= -0-	x \$9 \$18	-0-
INDEP. CLAIMS	* 2	MINUS	*** 3	= -0-	x \$42 \$84	-0-
Fee for Multiple Dependent claims \$140°/\$280						-0-
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☒ A check in the amount of \$ 180.00 to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


William J. Brunet
Attorney for Applicants
Registration No. 20,452

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

RECEIVED

DEC 27 2002

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